

C-IRO Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional Restoration Program/Detox Program x 80 hours

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of Rehabilitation.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

11/10/10, 11/18/10
Official Disability Guidelines
MD 10/25/10
Pain Consultants 6/17/08 to 9/29/10
Imaging Center 1/15/10
2/19/08
Restoration Services of Texas, LLC 11/9/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant is a Spanish speaking man with a 17 year history of low back pain, disability and a sedentary lifestyle. He reported that on xx/xx/xx he was pulling a cart and felt low back pain. He has had conservative care. In 1996 he had a lumbar fusion from L1 to S1. He has hypertension and diabetes. His MRI shows facet arthropathy, disc protrusions and scar tissue from previous surgery. He uses Lyrica, Vicodin, Flexeril, Ambien and Prilosec. He has been maintained on 60 mg of hydrocodone. There are no vocational goals noted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The medical necessity for a functional restoration program is not established. ODG refers to functional restoration with chronic pain programs. The guidelines state the patient should show motivation to improve and return to work. After 17 years of disability and sedentary lifestyle at the age of xx with a fused spine, there is no information presented in the records that explains how this patient would progress further than a sedentary level in a restoration program. There is no evidence that he needs a detox program for the hydrocodone. There is no evidence of addictive behavior. Based on the records reviewed, there is no medical

necessity for Functional Restoration Program/Detox Program x 80 hours.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)